

Child & Adolescent Health Center Program Profile

1. Mission/Vision

The Child & Adolescent Health Center (CAHC) program goal is to achieve the best possible physical, intellectual, and emotional status of children and adolescents by providing services which are high quality, accessible, and acceptable.

2. Program Description

The CAHC Program provides base funding support to 47 clinical child & adolescent health center and 12 non-clinical adolescent health center model health delivery sites throughout Michigan. CAHCs are located in urban, suburban and rural communities and have emerged as a powerful tool and safety net in meeting the health care needs of children and adolescents.

The clinical health center model, through either school-based or school-linked health centers, provides on-site primary health care, behavioral health services, health promotion/disease prevention education, and referral services. The non-clinical adolescent health center model focuses on limited clinical services, case finding, screening, health education and referral for primary and other needed health services for the adolescent population.

3. Target Population

- Uninsured, under insured, and publicly insured children age 5-10 and youth age 10 through 21 are the main target population; although privately insured youth are also served through the health centers.
- Centers also see infants and small children of the adolescent population.

4. Objectives

- Increase access to quality primary care and behavioral health services among vulnerable children and adolescents.
- Improve health status of children and adolescents by providing services including physical exams, immunizations, care for acute and chronic illness, HIV counseling and testing, STI testing and treatment, individual, group and/or family counseling, evidence-based clinical interventions and health education programming.
- Ensure quality service provision for clients by requiring health centers to have quality improvement plans.
- Ensure quality service provision for clients by conducting site reviews in each health center at a minimum of every three years.

- Increase the number of publicly insured children and families by facilitating enrollment in Medicaid and other public insurance programs.

5. Outcomes

Schools and parents have long recognized that **healthy students are better learners**. Research has demonstrated that School Based Health Centers help increase test scores, reduce attendance problems by increasing “in-seat” time, address behavioral problems, strengthen support services for at-risk students, decrease school violence and help schools meet increased immunization requirements while allowing teachers to do what they do best – teach.

Local and national data supporting the effectiveness of school based health centers and programs include:

- The total number of children and adolescents served through the 45 clinical centers was 28,988, which represents a 40% increase since 2004 (2006 MDCH Legislative Report).
- Clinical health centers provided 9,192 immunizations and 50,097 general medical services to at-risk children in Michigan (2006 MDCH Legislative Report).
- Non-clinical CAHCs reached 121,885 school aged children through health education programming, representing a 50% increase in services since 2004 (2006 MDCH Legislative Report).
- CAHCs enrolled 2,245 children and families into Medicaid and provided over 400,000 Medicaid Outreach and Public Awareness activities to eligible families (2006 CAHCP Medicaid Outreach Report).
- Newly established CAHCs participating in an MDCH immunization improvement study increased the number of students with completed immunization schedules by 23.6% over the course of the 2006-07 school year. These schools averaged an 83.9% immunization compliance rate post intervention, as compared to 60.3% pre-intervention rate (2007 MDCH CAHC Immunization Study).
- A Chlamydia/gonorrhea screening project among ten centers uncovered high rates of asymptomatic infection ~ 60% of females and 64% of males infected with Chlamydia were asymptomatic; as were 54% of females and 26% of males infected with gonorrhea. Treatment was provided on-site to 98% of those who tested positive for either infection.
- An outcomes study is currently underway through Michigan State University called MESH (Michigan Evaluation for School Health) to gauge the impact of school-based clinical health centers on the health outcomes and health care costs of children in the schools in which they are located. Health outcome and school attendance data as well as cost data and the impact CAHCs have on school environment are all being studied under this project. The three year study is currently in year two of data collection.

6. Providers/Partners

Agencies involved in delivering these child and adolescent health center services include local health departments, hospitals, federally qualified health centers, rural health centers school districts and community based organizations.

Parents and youth are critical partners and play an integral part in this program. Each CAHC is required under Michigan Legislative boilerplate to operate a community advisory committee in which 1/3 of the members must be parents of school aged youth. Youth

involvement is also required for the adolescent health sites with many centers operating Youth Advisory Committees.

7. Future Trends/Issues

- The need for comprehensive behavioral health services for children and adolescents remains as one of the biggest unmet needs facing this program. Multiple barriers to care exist, including billing/reimbursement and paneling issues, availability of providers where youth are located (e.g. schools), stigma associated with receiving services, etc.
- The demands for CAHCs exceed the current program's capacity. Additional funding is needed to establish additional centers in other high need, medically underserved areas of Michigan, including rural areas.

8. Funding

\$4,743,000 -- School Aid funding within Michigan Department of Education

\$ 227,000 – General Fund within Michigan Department of Community Health

This combined funding is Medicaid matched at an enhanced rate of .6027 resulting in an additional \$8,000,000 in federal Medicaid funding for a program total of over \$13,000,000.

In addition, each clinical center is required to collect third-party revenue and to collect fees through a sliding fee scale. Local community funding and support are required, with the local agency providing at least a 30% match of the state allocation.

9. Return on Investment/Cost Savings

To calculate such values for all centers for all outcomes would be an arduous effort due to the large volume of clients seen, and services provided, in the health centers. One example of value of successful outcomes can be demonstrated by examining results of a Chlamydia/gonorrhea screening project (testing and treatment) which included ten clinical centers. This project found that 17% of females and 15% of males were infected with Chlamydia; gonorrhea rates were as high as 13% in some sites. The rate of asymptomatic infection uncovered through this project was alarming ~ 60% of females and 64% of males infected with Chlamydia were asymptomatic; as were 54% of females and 26% of males infected with gonorrhea. Treatment was provided on-site to 98% of those who tested positive for either infection.

Within these centers, 516 cases of Chlamydia were asymptomatic and would not have been identified and therefore not treated without the services of the clinician. Research has demonstrated that 30% of untreated Chlamydia infections will develop into pelvic inflammatory disease (PID), at an estimated cost of \$3,700 per case. If 30% of these 516 cases (155) had gone undetected, untreated and developed into PID, there would be a projected treatment cost of \$573,500. The cost of testing for all 516 youth was \$6,966 (at \$13.50 per test). At an average cost of providing the testing/treatment services at \$72.80 per service, the total cost for testing (\$6,966) and treatment (\$37,565) for these youth totals \$44,531, a savings of \$528,969 from the projected cost of \$573,500 for treating PID in 155 individuals. This savings estimate does not take into account costs saved for potential infertility as PID is the leading cause of infertility.

It is important to note that not all outcomes can be quantified in dollar value, for example reduced school absenteeism can be measured but not necessarily translated easily into a dollar value. In October 2004 and March 2005, 16 school-based clinical health centers tracked and reported disposition data on clients seen in their health centers during the school day to determine the proportion that were returned to class vs. sent home after visits. The data demonstrated the ability to keep a high proportion of students – more than 93% of those seen across the centers – in school, healthy, and ready to learn because of the provision of medical care on-site.

As another example, youth who have chronic conditions diagnosed and treated may have improved quality of life, or avoid life-threatening exacerbations of their condition. While some of this value can be translated into dollar value (e.g., reduced emergency room visits/reduced cost of care) there are outcomes which are not easily quantifiable in terms of dollar value (e.g., quality of life, avoidance of life-threatening exacerbations).

10. Website Address/Contact Information

Contacts: Taggert Doll
Child & Adolescent Health Center Program Coordinator
PH: (517) 335-9720

Michelle Twichell
Non-Clinical CAHC Program Coordinator
PH: (517) 355-8201

www.michigan.gov/cahc

11. Vignettes and/or Anecdotal

Community Health and Social Services—Western International High School in Detroit

A 15 year old client initially came to the health center for a sports physical and presented with a headache. At the time, she was diagnosed with diabetes. The client's mother was unsupportive and delayed obtaining medication for the child for more than two weeks. Through efforts of the health center, the client was able to obtain medications and a plan of care for her chronic illness. Today the client's diabetes is controlled with insulin, oral medication and lifestyle changes as well as regular visits to the health center for treatment and support.

Genesys Health System – Waterford Alternative High School in Waterford

A youth came to the health center with significant depression, shortly following a suicidal attempt in which he was briefly hospitalized. Although prescribed medication, he did not feel it was correctly prescribed and did not like the side effects and therefore had stopped taking the medication. He was feeling hopeless, failing classes, having difficulty with his friends and girlfriend, struggling to cope with his parents' divorce, had little motivation and low self esteem. The health center's therapist developed a safety plan that was communicated to his mother, who was very involved in his treatment. After several sessions with the therapist, he began to respond and was able to identify his triggers and better understand his feelings and became better able to manage his feelings. He came to the health center weekly and with continued support, his self esteem improved, he began to problem solve issues in his relationships, he was able to improve his grades, was accepted into and is now attending an

art college.

A mother called the health center, frantic that her 14 year-old autistic son had blood in his urine and was having pain. The health center was able to see him immediately. He was diagnosed with a urinary tract infection, provided a prescription for an antibiotic, and referred to a local pharmacy that filled the prescription for just \$4. The health center was able to provide discounted lab services to this uninsured client as well. During the follow-up visit, the health center assisted the family with a Healthy Kids insurance application and all three of the children in the family were approved.

Grand Traverse County Health Department – Youth Health and Wellness Center in Traverse City

A 16 year-old student called to make a dental appointment with the newly established oral health services program at the health center. When asked when her last dental cleaning was, she responded, “Oh, I’ve never had my teeth cleaned.”

The director of the day care center at Traverse City High School, an alternative high school, states that it has been convenient to have young mothers bring their babies over for medical evaluation when the babies might be ill. The medical services provided have prevented unnecessary school absences for the mother. The teen parents indicated that they find comfort in being able to talk with the health center’s Nurse Practitioner about parenting concerns, building their confidence as they learn the parenting skills they need.

Non-Clinical CAHC Success Stories

Marquette County Health Department – North Star Academy

“The Sisters” is a name given to a family with four daughters enrolled at North Star Academy in Marquette. The girls live with the mother and have separate fathers with whom they have no contact. The family currently resides in a domestic violence shelter as their mother’s most recent partner severely beat both mom and the eldest of the sisters. Through their connection with the NCCAHC the girls have been able to remain enrolled in school through this difficult time and have been connected with both counseling and medical services. The mother states the NCCAHC is the reason she enrolled her daughters in the school.

Saginaw Department of Health – Ricker Middle School

A 7th grade student visited the nurse at the non-clinical center complaining about oral health issues. The student moved to Saginaw from Detroit mid-school year and was without health insurance. The student was complaining of a toothache and a bump on the gums in the area of the toothache. The nurse spoke with the student’s grandmother and assisted then with completing a MiChild/Healthy Kids application and providing a list of participating dentists. As a result, the student received much needed dental care including repair of a chipped front tooth, multiple fillings and extraction of the tooth that ached.